

L17000041493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

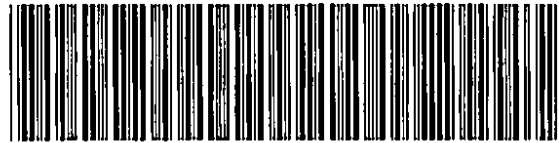
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CACHAPAS QUESOS Y MAS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLY SABILLON

Name of Person

LA FLORIDA SERVICES

Firm/Company

11356 S. ORANGE BLOSSOM TRAIL

Address

ORLANDO, FL 32837

City/State and Zip Code

info@lafloridaservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLY SABILLON

407 723-1333
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	BERMUDEZ, HELYANTA	3831 W VINE STREET	<input type="checkbox"/> Add
		SUITE 123,125,127	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input type="checkbox"/> Change
AMBR	TORRES, LEONARDO	3831 W VINE STREET	<input type="checkbox"/> Add
		SUITE 123,125,127	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2018

Signature of a member or authorized representative of a member

Typed or printed name of signee